SEE INSTRUCTIONS ON BACK

Date Received 10-16-73 ICAR (S) Application No 7109

T C No

Map Date

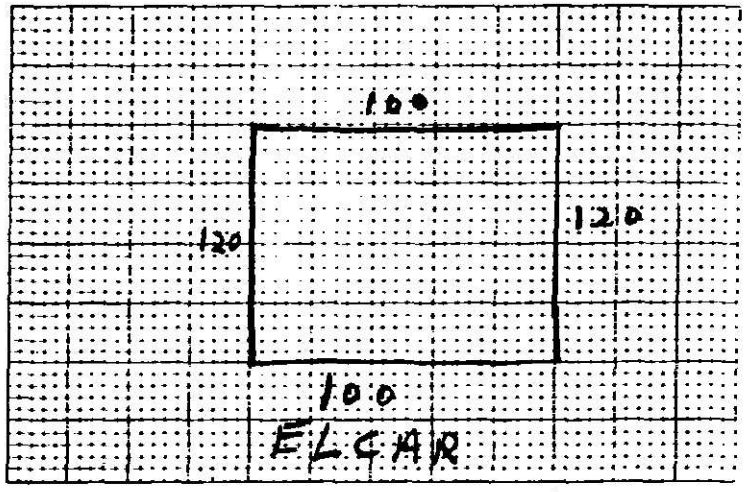
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 2

5) Business Use Max No Employees

6) Washing Machine ✓ Yes No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A) Individual Well
B) Governmental System
C) Community System
1 Well source ✓
2 Governmental source

10) Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Mauney Jr. (LAST) William (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 668 Kings Mtn N.C. 28086

15) PHONE NO. Home 8255481 Office Mauney Mills

16) LOCATION OF SYSTEM Elgar Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 22 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES ✓ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

10-15-73
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 10-16-73

APT No. 7109

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney (LAST) Jr. William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 628 Kings Mtn N.C. ZIP 28086

3) PHONE NO. Home 8255481 Office Mauney Mills

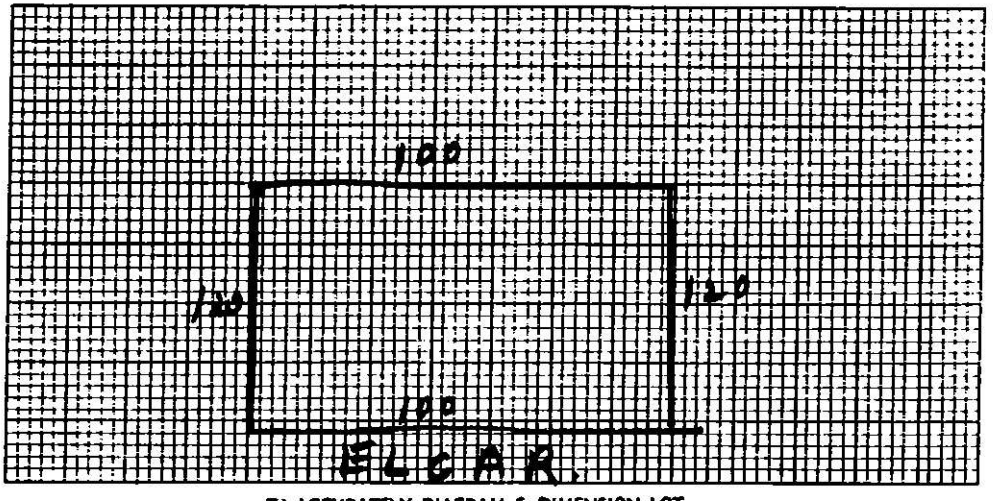
4) LOCATION OF PROPERTY Elcar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 22 BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

William K. Mauney Jr.
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY